

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>5/17/05</u>	2 Serial/Patent #: <u>10-578,663</u>
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>12/17/04</u>	\$ <u>100</u>							
<input type="checkbox"/> Amendment				\$							
<input type="checkbox"/> Extension of Time				\$							
<input type="checkbox"/> Notice of Appeal/Appeal				\$							
<input type="checkbox"/> Petition				\$							
<input type="checkbox"/> Issue				\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$							
<input type="checkbox"/> Maintenance				\$							
<input type="checkbox"/> Assignment				\$							
<input type="checkbox"/> Other				\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>								
		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		Treasury Check									
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	<u>9</u> <table border="1"><tr><td>1</td><td>1</td><td>-</td><td>0</td><td>6</td><td>0</td><td>0</td></tr></table>		1	1	-	0	6	0	0
1	1	-	0	6	0	0					
No Fee Due (Explanation):											

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: Paralegal

SIGNATURE: A Johnson

PHONE: 308-9940

OFFICE: DO-EO

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APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B